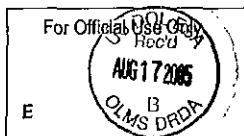


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 180 92	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Timothy Sheldon P.O. Box, Bldg., Room No., if any Street 7 1/2 Rose Circle City Newark State Delaware ZIP Code + 4 19711	4. Name, file number, and address of labor organization. Name B.A.C. Local 1 - DE/PA Labor Organization File Number 531788 P.O. Box, Building and Room Number, if any Suite 303 Street 650 Naamans Road City Claymont State Delaware ZIP Code + 4 19703
5. Position in labor organization. Business Rep Local 1 PA/De	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name B.A.C. Local 1 - DE/PA Welfare Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 303 Street 650 Naamans Road City Claymont State Delaware ZIP Code + 4 19703	7.a. Nature of Interest, Transaction, or Income. Board of Trustee Meeting 6/30/04 \$26.38 7.b. Amount. \$26

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed Timothy P. Sheldon	On Aug 10 05 302 993 9003 Date Telephone Number

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

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For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

E

1. File Number U -	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Timothy Sheldon P.O. Box, Bldg., Room No., if any Street 7 1/2 Rose Circle City Newark State Delaware ZIP Code + 4 19711	4. Name, file number, and address of labor organization. Name B.A.C. Local 1 - DE/PA Labor Organization File Number P.O. Box, Building and Room Number, if any Suite 303 Street 650 Naamans Road City Claymont State Delaware ZIP Code + 4 19703
5. Position in labor organization. Business Rep Local 1 PA/PC	

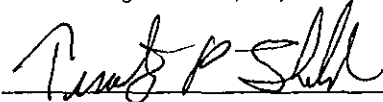
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name B.A.C. Local 1 - DE/PA Pension Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 303 Street 650 Naamans Road City Claymont State Delaware ZIP Code + 4 19703	7.a. Nature of Interest, Transaction, or Income. Board of Trustee Meetings 1/22/04 \$62.14 3/31/04 \$54.49 6/30/04 \$79.96 9/9/04 \$61.02 12/1/04 \$34.16 7.b. Amount. \$292

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed



On

Aug 10 05
Date

302 993 9000

Telephone Number

Name of Person Filing Timothy Sheldon	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name </p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street </p> <p>City </p> <p>State ZIP Code + 4 </p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name </p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street </p> <p>City </p> <p>State ZIP Code + 4 </p>	<p>11.a. Nature of such dealing.</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>12.b. Amount.</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name Jennings Sigmond, P.C.</p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any 16th Floor</p> <p>Street 510 Walnut Street</p> <p>City Philadelphia</p> <p>State Pennsylvania ZIP Code + 4 19106-3683</p>	<p>14.a. Nature of payment.</p> <p>Christmas Present - Sweets Basket</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p> <p>\$50</p>